

CV 04-00449SOM-LEK
re: Document [137]**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BARBARA KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number

(Transfer from service label)

7099 3220 0009 4304 4648

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Lihau Castro

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lihau Castro

C. Date of Delivery

9/2/04

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

JON HANS KAAPUNI, SR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Lihau Castro

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lihau Castro

C. Date of Delivery

9/2/04

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3220 0009 4304 4655

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

JON HANS KAAPUNI, JR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Lihau Castro

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lihau Castro

C. Date of Delivery

9/2/04

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3220 0009 4304 4631

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PAMELA NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number

7099 3220 0009 4304 4686

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lihau Caster*☐ Agent☒ Addressee

B. Received by (Printed Name)

Lihau Caster

C. Date of Delivery

AUG 9 2006

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: 2006 ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

FALLON KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number

7099 3220 0009 4304 4662

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

896 IH MIMONOH

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lihau Caster*☐ Agent☒ Addressee

B. Received by (Printed Name)

Lihau Caster

C. Date of Delivery

AUG 9 2006

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

TYRAH NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number

7099 3220 0009 4304 4679

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lihau Caster*☐ Agent☒ Addressee

B. Received by (Printed Name)

Lihau Caster

C. Date of Delivery

AUG 9 2006

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesCV 04-00449SOM-LEK
re: Document [137]